

GATESHEAD HEALTH AND WELLBEING BOARD

Friday 4 December 2015

Present:

Councillor Lynne Caffrey (Chair)	– Gateshead Council
Councillor Helen Hughes	– Gateshead Council
Councillor Michael McNestry	– Gateshead Council
Councillor Mick Henry	– Gateshead Council
Dr Mark Dornan	– NHS Newcastle Gateshead CCG
David Bunce	– Gateshead Council
Alison Dunn	– GVOC
Councillor Catherine Donovan	– Gateshead Council
Carole Wood	– Gateshead Council
Dr Bill Westwood	– Federation of GP Practices

In attendance:

Caroline Wild	– Northumberland, Tyne & Wear NHS Foundation Trust
Jill McGrath	– Newcastle Gateshead CCG
Phil Argent	– Newcastle Gateshead CCG
Susan Watson	– Gateshead NHS Foundation Trust
Andrew Moore	– Healthwatch Gateshead
Councillor M Hood	– Gateshead Council
John Costello	– Gateshead Council
Chris Piercy	– Newcastle Gateshead CCG
Sonia Stewart	– Gateshead Council

1. APOLOGIES FOR ABSENCE:

Apologies were received from Councillor Malcolm Graham, Councillor Frank Hindle, Ian Renwick, Mike Robson and James Duncan.

2. MINUTES

The minutes of the last meeting held on 23 October were agreed as a correct record.

Matters Arising

There were no matters arising.

Action List

There were 4 new items on the action list which were noted.

3. DECLARATIONS OF INTEREST

No declarations of interest were submitted.

4. MENTAL HEALTH REVIEW DECIDING TOGETHER

Chris Piercy presented to the Board on the current position regarding the review of Mental Health Services and the 'Deciding Together' consultation. The review started in June 2014 and incorporated a long period of time listening to people's views. Different types of events were held to engage with the public. In particular, an event around making the best use of the mental health £ was well attended and produced some excellent ideas, whilst also showing how difficult it was to balance the various challenges that need to be addressed.

The CCG has now embarked upon another period of significant consultation from November this year to February 2016. Currently, 3 public events have been held so far with the most recent taking place on 3 December at which over 30 members of the public attended. What people have said is very important to the review process and the overarching theme is that care needs to be wrapped around the person and, where possible, within the person's local community.

The Board were assured that beds would not be closed until there is total confidence in the community infrastructure in place. It was noted that the services included within the scope of the review are NTW services.

It was noted that the current position in Newcastle Gateshead is that we have a high number of beds compared to the rest of the country. Existing inpatient accommodation does not meet the standards which the CCG and NTW wish to provide. Chris Piercy explained the reasons why service arrangements need to change – firstly, because of a lack of easy access and secondly, the fact that people 'bounce' around the system. There is also a need to ensure that there is both an easy way into services and an easy way out of services.

The proposal is for a new or re-designed or extended community offer. There needs to be joined up services across the piece and a one-stop-shop which would enable easy access. Access points into the service will be aligned to facilitate a more streamlined process. This will be managed in a phased way. The CCG is of the view that we can work in different ways and lessons have been learnt from the experience of Sunderland and South Tyneside.

There are 3 scenarios for change for acute assessment and treatment and rehabilitation services:

Scenario T, which is trust wide, would mean:

- The adult acute assessment and treatment service for Newcastle and Gateshead residents being provided from NTW's hospital at St Georges Park, Morpeth (two additional wards to be provided there) and from NTW's hospital at Hopewood Park, Sunderland (one additional ward to be provided there).
- The rehabilitation service currently at St Nicholas Hospital, Newcastle being provided from St George's Park. Elm House in Gateshead would be retained at a moving on rehabilitation unit.

Scenario N, which is Newcastle Based, would mean

- The adult acute assessment and treatment service (three wards) for Newcastle and Gateshead residents being provided from St Nicholas Hospital, Newcastle.
- The rehabilitation ward at St Nicholas Hospital Newcastle would provide complex care and Elm House in Gateshead would be retained as a moving on rehabilitation unit.

Scenario G, which is Gateshead based, would mean:

- The adult acute assessment and treatment service (three wards) for Newcastle and Gateshead residents being provided from a location to be identified in Gateshead.
- A complex care rehabilitation ward would also be provided at the same location as above. Elm House in Gateshead would be retained as a moving on rehabilitation unit.

It was noted that the Gateshead based scenario would require new build as the Tranwell Unit building is not considered fit for purpose.

It was also noted that there was a very strong message in the listening exercise that people worry about travelling long distances to visit relatives and friends in hospital including the cost of travel, the time it takes to travel if using public transport, and how service users will keep in touch with their local communities.

There are a number of different factors which will need to be taken into account when deciding on these scenarios including the quality of clinical care, the quality of the accommodation and environment, location and travel for both patients and their families/carers and opportunities to develop new community services (including the balance of investment between community and inpatient care).

Consultation events are taking place now and further events will be taking place in January. There are also some consultation events being planned by the voluntary sector. In developing the consultation document, it was noted that the CCG has worked with the Consultation Institute.

The Board was informed that no decisions have been pre-determined. The outcome will be determined by the CCG Governing Body in the light of the consultation exercise which ends on 12th February 2016. The Case for Change document will be completed having regard to information and feedback from the consultation. A meeting of the CCG's Governing Body will be held in public on 24th May, when a decision will be made.

Comments

It was felt that the presentation given was really helpful and provided clarity on the process, how things are taking shape, including the thinking around wider community provision. It was queried about the timescales in which wider community services are going to be shaped, which needs to be joined up with the community wellbeing resilience hub concept. Links with adult social care need to be clear with one access point in order to signpost people to the right place - it is important that this thinking is joined up.

It was noted that the transformation of community services is not going to happen overnight; it was felt that getting the infrastructure right could take 2-3 years. Each different inpatient scenario will have a different cost and this will have a direct impact on the amount of funding which can be released to improve community services.

It was reported that the Gateshead VCS are planning to hold 2 focus groups linked to the current consultation. However, the voluntary sector felt that the complexity of the consultation document meant that the holding of such events was quite onerous (particularly for smaller organisations) and a significant amount of input was required. In response, it was noted that this should not be the case and that Chris Piercy or another officer from the CCG would be happy to contact any organisation to offer assistance.

It was noted that a Group has been campaigning regarding the closure of the Tranwell Unit; it was queried whether steps are being taken to engage with this group. It was noted that it is always the case that officers will meet with individuals and groups to give reassurance around the process and listen to any concerns raised.

It was noted that as well as the future options for in-patient services, it is envisaged that a better community infrastructure which will help to prevent admissions in the first place.

It was felt that relevant community services need to be in place and working in the right way before money is pulled out of acute services. It is a real worry that changes are being proposed before community services are developed and working. It was noted that this is a real opportunity to get things right before significant changes are made, making the most of opportunities presented by the 'parity of esteem' agenda for mental health care.

It was noted that local communities need to be made aware of the financial constraints impacting upon future service developments as resources are limited. They also need to be made aware of work that is already ongoing with partner organisations to build clinical capacity and reduce administration.

It was noted that the Board were pleased that the retention of Elm House has been included within the options; however, as the rehabilitation of people with mental health problems can take some time it was queried whether there will be sufficient capacity to meet demand. It was noted that opportunities to secure for more effective discharge into the community will be looked at.

Concern was expressed regarding transport to acute services. It was felt that the travel implications linked to accessing acute services (or to visit service users by family members etc.) from various parts of the Borough would need to be taken into consideration (e.g. where people have to get two or three buses or a metro and a bus). It was noted that an independent travel impact survey has been commissioned to consider the impact of all of the scenarios and it is expected that this will be available in January.

The representative from NTW advised the Board that the Trust has made a commitment to support travel where inpatient services are further away from local communities. The impact of travel on service users, families and carers will be considered and addressed as part of every individual's care plan, including access to taxis and mini bus transport.

RESOLVED - That the comments of the Board be noted in regard to the consultation.

5.1. GATESHEAD COUNCIL BUDGET CONSULTATION

It was noted that the Council's budgetary position over the last 5 years has meant that it has reduced expenditure by over £100m, which equates to a £300 per person reduction in spend. The Council now has 2,000 fewer employees. A further funding gap of £50.6m approx. will need to be met over the next two years, pending the settlement to be announced in December. Against a backdrop of increasing demands and spending pressures, the Council aims to continue to deliver positive outcomes for local people.

The Council's budget approach for 2016 – 2018 focuses on the shared outcomes of the Council Plan, with two year budget proposals within a five year medium term financial strategy.

There is a focus on four inter-related areas: economic growth and revenue generation, managing demand, increasing collective responsibility and continuing to drive efficiencies through different ways of working.

An overview was provided of the Council's budget proposals with a particular focus on adult social care, children's services and public health.

The consultation on the Council's budget will run until 30th December and comments will be fed into the budget process which will be taken to Council in February.

It was noted that the pace of change is unrelenting and that there is still a long way to go over the next five years. The Council will continue to be open and transparent in its approach and invites partners to work together in seeking to address the challenges which lie ahead.

[Comments made on the budget proposals are set out at the end of section 5.2 below.]

5.2 NHS FUNDING GAP AND FUNDING PRESSURES

The Board heard from Jill McGrath and Phil Argent on the current position regarding funding pressures within the NHS. The NHS Five year forward plan, published in October 2014, estimated that by 2020/21 there would be a £30bn funding gap in the NHS.

One scenario, based on securing productivity improvements of 2 to 3% a year would potentially reduce the funding gap by £22bn to £8bn. Newcastle Gateshead CCG's contribution to the £22bn productivity requirement would be £193m, much of which would need to be met by providers.

It was noted that there are many inter-dependencies between the funding pressures experienced by the CCG and the Local Authority.

The nationally calculated Newcastle Gateshead CCG allocation target of £641m (for 2015/16) means that its actual baseline allocation of £665m is already 3.73% above target. As it is unlikely that the funding formula will change and there is a requirement for CCGs to move towards their target allocations, this will have implications for future funding allocations available to the CCG. The CCG's allocation will be published on 21st December. It is anticipated that there will be a firm allocation for 3 years as well as 2 years indicative funding through to 2020/21.

It was noted that some of the pressures the CCG are facing include:

Prescribing costs - there has been a 12% increase in prescribing costs in the last year.

Changes to Commissioning Responsibilities - it is expected that there will be a change in the definition of specialised services. If some services are passed back to the CCG, this may mean that its share of the national £22bn productivity requirement goes up.

National Tariff Changes – this may give rise to money shifting between the CCG and NHS England. Tariff efficiency and uplifts have resulted in a 1.5% and 1.6% net reduction in 2014/15 and 2015/16 respectively.

Continuing Health Care – there has been an 8% cost growth between 2014/15 and 2015/16.

Acute Pressures - there has been an increase in acute pressures following changes to NICE guidelines e.g. cancer care.

It is hoped that the two Vanguard programmes will help to secure some of the savings required - the Gateshead Care Homes Vanguard and the Regional Urgent Care Vanguard.

It is also hoped that the Better Care Fund and new models of care initiatives will lead to reduced hospital admissions. In terms of integrated care, it was noted that the government is looking to fully integrate health and social care by 2020.

In summary, there will be a requirement to do more with less and to work more closely together.

Comments (on 5.1 and 5.2)

It was suggested that, as local partner organisations, we need to do our thinking together in order to help reduce gaps in services and address budgetary pressures collectively. It was also noted that this links to the previous discussion on the review of mental health services as there may be some services which are no longer available in Gateshead.

It was felt that the proposed Council budgetary cuts would have a significant impact on local people. Linked to this, there is a need to prepare people for the road ahead. This is partly about changing the culture around the provision of services and people's expectations from the Council and NHS. We need to get a message out to local people that things are changing.

The CCG, for its part, will need to take money out of hospital services to use in different ways and it is critical we have intermediate care arrangements in place to minimise hospital admissions.

In terms of prevention, it was noted that many local authorities are not contemplating reducing investment in smoking prevention initiatives so that this key programme of work can continue.

Concern was expressed regarding the proposal to withdraw funding from the Labruit healthy living centre; it was felt that this funding had assisted in securing an increased take-up of immunisations from the Jewish community who are a hard to reach group.

With regard to risks and challenges, it was noted that budgetary decisions being taken across the health and care economy will impact on different years. Also, some of the remodelling work arising from the Vanguard initiative is going to be undertaken further down the track. It needs to be noted by the Board that the 'front-loading' of efficiencies is going to be challenging.

It was noted from a health provider point of view, that provider organisations may lose out more than once e.g. the QE will lose rent from the Tranwell Unit if it closes, as well as funding from the CCG in other areas as plans are implemented to shift resources from the acute sector to fund initiatives further upstream (prevention/early intervention work etc.).

It was noted that there is a lot of change taking place. Good communication with local people and between partners is therefore essential.

The Voluntary and Community Sector (VCS) acknowledged that the present circumstances are very difficult and wish to assist in any way they can. They would like to be included in discussions at the earliest possible opportunity as we respond to the budgetary pressures facing health and care services.

The VCS also expressed the hope that as well as service provision arrangements being reviewed, the needs of users of those services are considered in tandem as there is concern for the most vulnerable groups. Whilst there is currently an advocacy resource, its capacity is limited - in one week a local advocacy service received 5 referrals and if future referrals were to continue at a similar pace, this would not be sustainable. The sector felt that it would be helpful if service reviews are undertaken in a co-ordinated way with relevant advocacy services so that service users can input fully to the process, thereby gaining the most benefit from the reviews.

With regard to Equality Impact Assessments, it was noted that the Carers Association had identified that 16 out of 20 budget proposals will have an impact on carers. Whilst it is understood that there is

already a commitment to undertake impact assessments with reference to the needs of the 'receiver' of the service, it was felt that it would also be beneficial to see impact assessments undertaken with reference to the needs of carers of those receiving services.

It was queried when the CCG will be publishing its commissioning intentions which will provide a better indication of the approach it is taking in response to current challenges facing the system. It was noted that the timing and co-ordination of decisions is vital and, in particular, that it is important that decisions being made do not destabilise smaller organisations which play a vital role. The VCS wish to be engaged on this, including inputting to future arrangements for the Better Care Fund and other initiatives.

In response, the CCG acknowledged that it is really important to discuss commissioning intentions as we need to have a clear idea of what we want our health and social care system to look like for the benefit of the people of Gateshead. The CCG is intending to bring a paper to the January board meeting with more details of emerging NHS planning guidance which will drive planning arrangements across the NHS from 2016/17.

It was reported that Heathwatch Gateshead had held a workshop event on 3rd December regarding the Council's budgetary proposals. Comments made will be written up and submitted to the Council to feed into the current consultation taking place. Key themes which emerged from the event included people's concerns regarding the future quality of care and the need to ensure that vulnerable people are safe and not at risk as a result of the proposals.

It was noted that many good suggestions came out of a recent workshop on social prescribing about ways of relieving pressures on health and care budgets. It was noted that these suggestions will need to be fed into the discussions that are ongoing. It was also noted that a paper is being pulled together and will be brought to a future Board meeting.

An overall theme which came through the comments was that we need to work collectively to address the financial challenges facing the Gateshead health and care economy, which also links to the wider devolution agenda. Budgetary decisions taken by one organisation impact upon the whole system (not just the organisation taking those decisions). It was felt that we have a shared responsibility to use our collective resources to best meet the needs of local people. In this connection, it was noted that there is an Integrated Health Programme Board meeting on 17th December which brings together providers and commissioners. A discussion of the issues by system accountable officers has also been requested.

RESOLVED - That the comments in relation to the budget proposals be noted and fed into the budget

process.

6. HEALTH AND WELLBEING STRATEGY REFRESH

It was noted that a scoping report on the refresh of the health and wellbeing strategy was included with the agenda papers for the meeting. However, it was suggested that in the light of time constraints to conclude the meeting, as well as the update provided on emerging NHS planning guidance (as part of the discussion on the previous item), that the report be brought back to the January Board meeting. It will then be considered side by side with a report on NHS guidance for the new planning round.

RESOLVED - That the proposal to discuss at the January Board meeting be agreed, together with a report on new NHS planning guidance.

7. BCF QUARTER 2 RETURN 2015/16 to NHS ENGLAND

The Better Care Fund Quarter 2 return was presented for the Board for endorsement. The return was submitted to NHS England in line with the prescribed deadlines and was consistent with the performance report presented to the last meeting of the Board. The report also sets out the deadlines for the 3rd and 4th quarterly returns.

RESOLVED - That the Better Care Fund Quarter 2 return be endorsed by the Board.

8. UPDATES FROM BOARD MEMBERS

Gateshead NHS Foundation Trust

With regard to the inspection of the Trust undertaken by the CQC in September, it was reported that formal feedback is expected before Christmas. It is anticipated that this will be positive.

NTW Mental Health Trust

The Trust is going 'smoke-free' for patients from March next year. It was felt that this represents a significant achievement given the high incidence of smoking amongst people with mental health conditions. Staff are being trained to provide support in readiness.

Gateshead Council

The Council has recently undergone an OFSTED inspection of services for children in need of help and protection, looked after children and care leavers. The inspection feedback was extremely

positive and it is anticipated that the final report will reflect the favourable nature of the inspection.

Newcastle Gateshead CCG

Newcastle Gateshead CCG has been assured by the National Team and is one of only five CCGs across the country to have secured such assurance. It was also reported that it has been good to hear positive comments being made at a national level about the Vanguard Project.

9. HEALTH AND WELLBEING BOARD CHAIRS NETWORK

The Health and Wellbeing Board Chairs Network meets 3 times a year. Councillor Caffrey has recently been appointed vice-chair of the network. It was noted that it has been agreed that exchange visits will take place between health and wellbeing boards - in January, the Chair of Stockton's HWB, Councillor Jim Beall, and the Director of Public Health, Peter Kelly will be visiting Gateshead Health and Wellbeing Board. Councillor Caffrey and Carole Wood will be making a reciprocal visit to Stockton in February.

It was also reported that there has been an offer of an academic review of Health and Wellbeing Board strategies to be undertaken. A date in March has been arranged to develop the brief. Alyson Learmonth (former DPH at Gateshead) will be undertaking the work.

11. ANY OTHER BUSINESS

No issues were raised.

12. DATE AND TIME OF NEXT MEETING

Friday 15th January 2016 at 10am.